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transmitted to the USPTO (703) 746-4000, on the date indicated below. HEWLETT-PACKARD COMPANY Intellectual Property Administration P. O. Box 272400 09/22/2005 HDENESS2 00000072 082025 10053206 <u>Cathi Christensen</u> 01 FC:1501 1400.00 DA (Day 300.00 DA 02 FC:1504 CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 10980473_8 4060 10/053,206 01/18/2002 James C. Dow TITLE OF INVENTION: APPLIANCE AND METHOD FOR CAPTURING IMAGES HAVING A USER ERROR INTERFACE APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEB TOTAL FEE(S) DUE DATE DUS 10/05/2005 NO \$1400 \$300 \$1700 nonprovisional EXAMINER CLASS-SUBCLASS ART LINIT LEE, CHEUKFAN 2622 348-231600 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the parent front page, list the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the came of a single firm (having as a member a registered attemey or agent) and the names of up to 2 registered patent attempts or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Hewlett-Packard Development Company, L.P. Houston, Texas Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Lodividual 🚇 Corporation or other private group entity 🚨 Government 4s. The following fee(s) are enclosed: 4b. Payment of Fee(s): Masus Fee A check in the amount of the fee(s) is enclosed. 🖫 Kublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby sutherized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-7025 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USFTO is requested to apply the lasue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in Interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature 30,782 John C. Moran Typed or printed name Registration No. This collection of information is required by 37 CFR 1.31]. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, about the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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